

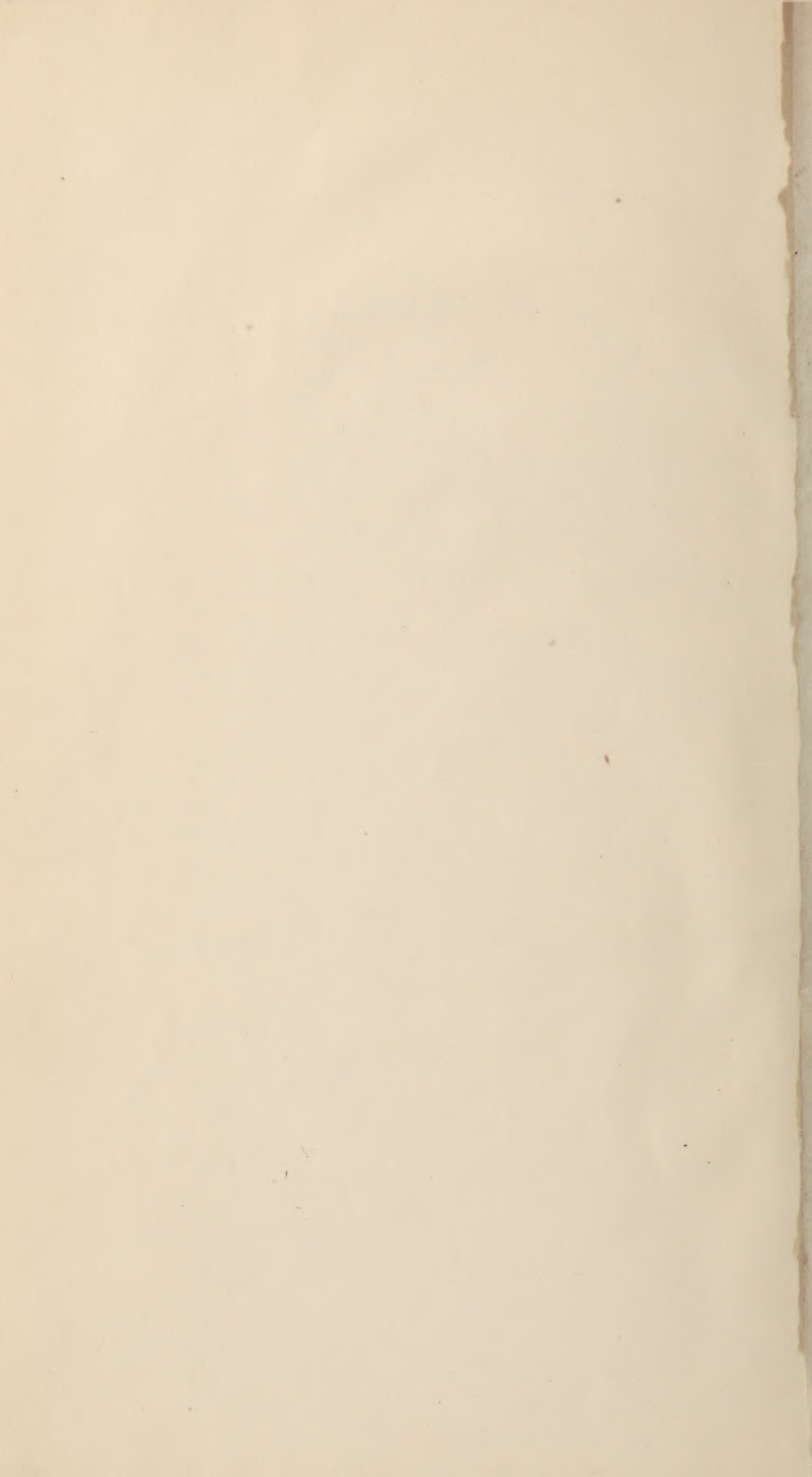
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PETITION
OF THE
AMERICAN MEDICAL
ASSOCIATION
IN BEHALF OF THE
MEDICAL CORPS OF THE ARMY,

WITH A BRIEF STATEMENT OF THE FACTS IN THE CASE.

WASHINGTON 1874.

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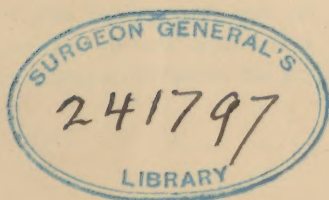
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To the Honorable Senate and House of Representatives of the United States in Congress Assembled :

The undersigned, a committee of the American Medical Association, respectfully petition your honorable body in behalf of the Medical Corps of the Army, to which we are informed existing laws do not accord, as in our opinion they ought, equality in rank with the other staff corps of the Army, or with the Medical Corps of the Navy. We understand that Medical Officers of the Army may serve continuously for thirty and even forty years, without attaining a higher grade than that of Major ; in fact there are at present among the Surgeons on the active list, several who entered the Corps from thirty-five to forty years ago, and served with distinction in the Florida war, the Mexican war and the late war, and yet whose present rank is that of Major only ; while in the other staff corps and in the line of the army, regular promotion by seniority to the grade of Colonel usually takes place in less than thirty years. Furthermore we have learned with regret, that during the last session of Congress a reduction in the number of surgeons was made by law, so that the number now authorized for the army is exactly the same as the number allowed to the navy, although the number of men to be cared for in the army, and the number of posts or stations is so much greater, while at the same time the older army surgeons have less rank than has justly been accorded to their brethern in the navy. In consequence of the reduction, and of the operation of previous laws, the medical corps is now so organized that those who may enter at the present time as assistant surgeons are not likely to become surgeons, or attain even to the rank of Major, in an average lifetime.

We respectfully represent to your honorable body, that the Medical Corps of the Army has not deserved such treatment, and that the officers who belong to it are not only in every way the equals of their brother officers with whom they share the perils, privations and hardships of frontier life and of Indian campaigns—

deserving therefore equal remuneration in the shape of rank and emolument,—but that they obtain their education at their own expense, and that from the high standard required for admission to the Corps, which we hope may never be lowered, they necessarily commence their career in the army much later in life than their brother officers. We would further respectfully represent that a service in which the highest rank that can be expected to be attained by length of service is that of Major, does not offer a fair remuneration to men who have the qualifications which army surgeons should and do possess, and who hold the responsible positions in which they are placed.

Your petitioners therefore entreat Congress to redress these grievances of the Medical Corps, and to put it on a permanent basis of respectability and usefulness, by providing that its officers shall hereafter receive a certain definite increase of rank in accordance with length of service, so that they may look forward to obtaining successively the grades of Major, Lieutenant Colonel, and Colonel after a reasonable number of years, not to exceed thirty years service for the grade of Colonel.

And your petitioners will ever pray.

J. M. TONER, of the District of Columbia,
Chairman of Committee.

J. S. Weatherly, of Alabama; R. G. Jennings, of Arkansas; Henry Gibbons, of California; Henry F. Askew, of Delaware; W. F. Westmoreland, of Georgia; Edmund Andrews, of Illinois; Luther D. Waterman, of Indiana; W. F. Peck, of Iowa; D. W. Stormont, of Kansas; J. M. Keller, of Kentucky; S. M. Bemis, of Louisiana; Christopher Johnston, of Maryland; Peter Pineo, of Massachusetts; Wm Brodie, of Michigan; A. B. Stewart, of Minnesota; W. Y. Gadbury, of Mississippi; J. B. Johnson, of Missouri; Jas. W. Parsons, of New Hampshire; Ezra M. Hunt, of New Jersey; John C. Peters, of New York; John Black, of Nebraska; W. A. B. Norcom, of North Carolina; C. G. Comegys, of Ohio; S. D. Gross, of Pennsylvania; E. M. Snow, of Rhode Island; A. N. Talley, of South Carolina; Wm. T. Briggs, of Tennessee; H. W. Brown, of Texas; H. D. Holton, of Vermont; Hunter McGuire, of Virginia; John C. Hupp, of West Virginia; J. K. Bartlett, of Wisconsin.

BRIEF STATEMENT OF THE FACTS.

The AMERICAN MEDICAL ASSOCIATION during its last Annual Meeting at Detroit, Michigan, four hundred and twenty-five delegates from all parts of the United States being present, unanimously adopted the following resolutions, viz.:

“ *Whereas*, we have learned with regret that Congress has not yet acted favorably on our memorial of 1873, in behalf of the Medical Corps of the Army; and *whereas*, it is, in our opinion, just and right that the rank of the medical officers of the army should be fully equal to that of the officers of the other staff corps, and of the medical corps of the Navy, which, we are informed, is not the case under existing laws; therefore,

“ *Resolved*, That a committee of one from each state and territory, with power to fill vacancies, be appointed for the purpose of memorializing Congress on this subject, and of securing the co-operation of the several state and county medical societies for the same purpose.

“ *Resolved*, That Dr. J. M. Toner, of the District of Columbia, be the chairman of said committee, and that the other members of the committee be appointed by the president.”

In accordance with these resolutions the committee drew up the foregoing petition which has been generally signed by the medical profession throughout the United States, and will be laid before Congress during its present session. The following brief statement of facts to show why the relief asked for the medical corps of the Army is necessary and ought to be granted is issued by the Chairman for the information of the profession and the public.

I.—*Qualifications which Medical Officers of the Army ought to possess.* The best interests of the Army undoubtedly require that the officers of the medical staff should be gentlemen of good character, courage, undoubted integrity, and thoroughly educated as scientific medical men.

In the majority of cases these officers are stationed singly at remote frontier posts, where each is responsible for the health and lives not only of the officers and soldiers, but of their wives

and children, and where, as there is rarely any such opportunity for consulting with other physicians in grave cases as is usual in civil life, the medical officer must be prepared to rely solely on his own individual knowledge and skill in whatever emergency may arise. He must be, therefore, at once a good physician, surgeon, and obstetrician. Moreover, as it is an important part of his duty to give advice with regard to the prevention of disease, and to act as the health officer of the post at which he is stationed, a knowledge of practical Hygiene is even more indispensable to him than it is to the civil practitioner.

The personal courage which should be possessed by every officer of the army is equally indispensable to those of the medical staff, who must not merely brave the dangers of the battlefield in time of war, and in time of peace share with the officers of the line the privations and perils of frontier life and Indian campaigns, but who, more than any other officers, are exposed to the dangers of contagious and infectious diseases in the discharge of their ordinary hospital duties, as well as during the prevalence of epidemics.

Medical officers should, moreover, possess spotless integrity of character, not merely for the general reasons which apply to all officers, but also because by army regulations they are intrusted with the sole care of medicines, instruments, medical stores and hospital property, often amounting to thousands of dollars in value, for which they receive and become personally responsible, and because it is indispensable to the usefulness of the reports which they are continually called upon to make as to the prevalence of the different forms of disease, and the circumstances under which they make their appearance, as to the results of surgical operations, &c., &c., that their reputation for absolute truthfulness should be above all possible suspicion.

With regard to the reports just alluded to, it may be further remarked, that as the medical officers of the Army are scattered over the entire country, they have special opportunities for the study of certain forms of disease and injuries, and that as their reports are made upon a common plan and forwarded to a central office, where they are compared and digested, the results become of great value to the medical profession of

the country, which demands their publication; and it is desirable, therefore, that the medical officers generally should be qualified to make such reports in a manner which shall be satisfactory to the physicians of the country, creditable to the government, and conducive to the best interests of medical science.

It need hardly be added, that it is indispensable also that the officers of the medical staff shall possess the special qualifications and training which shall enable them in time of war to organize and administer general hospitals,—both temporary ones in the field, and those of a more permanent character at the base of operations,—to superintend the transportation of the sick and wounded, and the medical administration of armies.

II.—*Extent to which it may be claimed that the Medical Officers now in service possess these high qualifications.* No one at all familiar with the subject will fail to acknowledge that these high qualifications are possessed to a creditable extent by the medical officers now in the service. Their ability to discharge the responsible duties with which they are intrusted in time of war was abundantly displayed during the late civil conflict, and among the older members of the corps there are a number who served with equal distinction during the war with Mexico, and even some who served in like manner during the Florida war.

We have every reason to believe that these gentlemen are now discharging the duties of their several stations in a most satisfactory manner. Under their care the mortality from disease in our army, scattered as it is along an inhospitable frontier in a state of chronic war with savage tribes, is not materially greater than that of the healthiest among the more favorably situated armies of the most civilized European states. But it is especially by the study of their published reports that we have made the acquaintance of the Medical Staff, and learned to appreciate their patience, candor and ability.

We do not hesitate to affirm that the long series of splendid publications which have issued from the Surgeon General's office since the publication of Circular No. 6, in 1865, is a most valuable contribution, not merely to the medical literature of the United States, but of the world; and we gather from

foreign publications that they are as highly if not better appreciated in Europe than in America. (*See Appendix.*) We have only to regret that greater liberality has not hitherto been exercised by Congress in fixing the size of the editions issued, so that they might have been more generally accessible to all the members of the profession, and we are therefore rejoiced to learn that a more generous policy in future is foreshadowed by the action of the last Congress in ordering an additional number of copies of the Medical and Surgical History of the late War.

An examination of these documents affords, in our estimation, convincing proof that the zeal and ability of the officers who, for the inadequate remuneration of assistant surgeons, have so ably performed the vast editorial labor involved in their preparation, are shared by their brother officers at the various posts, and that as a body the officers at present composing the medical staff, possess the requisite qualifications to fit them for the satisfactory discharge of the difficult duties of their responsible station.

III.—*Insufficient remuneration awarded to Medical Officers by existing laws.* We regret to say, however, that we find the remuneration awarded to medical officers under existing laws is not only inadequate but, as will be presently shown, is proportionately less than that allowed to other officers, whether of the staff or the line, or than that bestowed upon the medical officers of the Navy. As in the case of the other staff corps, all promotions and appointments in the medical corps were forbidden until further legislation, by the sixth section of the appropriation bill, approved March 3d, 1869; but when this provision was at length repealed by the act approved June 23d, 1874, all the existing vacancies in the medical corps, except those at the bottom of the list of assistant surgeons, were at the same time abolished, so that in fact, although the provision forbidding promotions was ostensibly repealed, no promotions in that corps could possibly take place.

By the act of June 23d, 1874, the number of assistant medical purveyors was reduced from four to two, and the number of surgeons from sixty to fifty. There were at the time fifth-three surgeons actually in service, and it was provided

that none of them should be mustered out by the act, but it was also provided that no promotions should be made to any vacancy that might occur until the number of surgeons was reduced to fifty ; and as a consequence, not only no promotions to that grade have yet been made, but none are likely to take place for some time to come.

The act just mentioned fixes the number and rank of the medical officers of the army as follows : One surgeon general with the rank of brigadier general ; an assistant surgeon general and a chief medical purveyor, each with the rank of colonel ; two assistant medical purveyors with the rank of lieutenant colonels ; fifty surgeons with the rank of majors, and one hundred and fifty assistant surgeons, with the rank of first lieutenants of cavalry for the first five years service, after five years service, with the rank of captains of cavalry.

With this reduction in the number of lieutenant colonels and majors, the prospects of the members of the medical corps are even gloomier than they have been hitherto. The number of officers above the grade of major is so small in proportion to the whole number, that in point of fact, the great majority of medical officers never attain a higher grade than that of major. There are now on the active list two medical officers who have served over forty years, and six who have served over thirty-five years, who are still only majors, while in the other staff corps and in the line of the army, the grade of colonel is usually attained by much less protracted service. As a consequence of this state of affairs, when one of these old and meritorious medical officers, after having given his best years to the country, becomes disabled by age or infirmity, and desires to avail himself of the privileges of the retired list, he is laid aside with the retired pay of a major, which is hardly sufficient to support his station as a gentleman, or to sustain his family, while the assistant adjutant general, quarter-master, or engineer of the same length of service can almost certainly retire with the higher rank and pay of colonel.

The reduction made in the number of surgeons by the act of June 23, 1874, makes still more sharply felt than hitherto, the tardiness in the promotion of the assistant surgeons, which is the inevitable consequence of the fact that their number, as fixed by law, is three times greater than that of the surgeons.

Medical officers enter the corps when appointed, at the foot of the list of first lieutenants, and their promotion to the grade of captain at the end of five years appears to be intended as a partial equivalent for the fact that, by the time they have completed the education necessary to fit them for their duties, they are usually five or six years older than the average graduate of the military academy ; moreover, unlike the graduates of the military academy, their education, which, from its nature is necessarily costly, is obtained entirely at their own expense. Thus far the arrangement is not complained of, but after the assistant surgeon has attained the rank of captain, an unusually long time must elapse before he takes the next step and becomes a surgeon. We find, by an examination of the Army Register, that there are now seventeen assistant surgeons of over thirteen years service, and it is clear that at the usual rate of casualties, it cannot be anticipated that all these gentlemen will become surgeons in the next seven or eight years, while those now entering, to fill the vacancies, at the foot of the list of assistant surgeons, have no reasonable prospect of attaining the grade of surgeon in much less than twenty-five years.

On making a comparison of the proportion of officers of a higher grade than that of major in the medical corps with the proportion authorized by law in the several staff corps of the Army, we find that they have all been much more liberally dealt with, and the same is true of the medical corps of the Navy.

The facts of the case are concisely displayed in the following tables, the first of which exhibits the number of officers authorized by existing laws in several of the other staff corps and in the medical corps of the United States Army.

Department or Corps.		Brigadier General.	Colonel.	Lieut. Colonel.	Major.	Captain and Lieutenant.	Total.	Ratio to whole No. of active officers.	
								Coln l.	Lt. Col.
Ordnance Dept.	<i>Active.</i>	1	3	4	10	36	54	1	1
	<i>Retired.</i>	1	...	1	...	1	3	to 18	to 13
	<i>Total.</i>	2	3	5	10	37	57		
Corps of Engineers.	<i>Active.</i>	1	6	12	24	56	99	1	1
	<i>Retired.</i>	...	3	1	2	...	6	to 16	to 8
	<i>Total.</i>	1	9	13	26	56	105		
Commissary Dept.	<i>Active.</i>	1	2	3	8	12	26	1	1
	<i>Retired.</i>	1	...	...	...	...	1	to 13	to 9
	<i>Total.</i>	2	2	3	8	12	27		
Quartermaster's Dept.	<i>Active.</i>	1	6	10	15	44	76	1	1
	<i>Retired.</i>	...	6	2	...	...	8	to 13	to 8
	<i>Total.</i>	1	12	12	15	44	84		
Medical Department	<i>Active.</i>	1	2	2	50	150	205	1	1
	<i>Retired.</i>	...	1	2	2	5	10	to 102	to 102
	<i>Total.</i>	1	3	4	52	155	215		

In the last two columns of this table, which show the proportion of colonels and lieutenant colonels on the active list to the whole number of officers on the active list in each corps, it will be seen that while the other corps have one colonel to from 13 to 18 officers, and one lieutenant colonel to from 8 to 13 officers, the medical corps has but one of each of these grades to every 102 officers.

The next table compares the number of officers of each grade allowed by law to the Medical Corps of the Navy with the number allowed to the Medical Corps of the Army.

ARMY RANK.	EQUIVALENT NAVY RANK.	NUMBER OF OFFICERS ALLOWED BY LAW.					
		U. S. ARMY.		U. S. NAVY.		TOTAL.	
		Active.	Retired.	Active.	Retired.	Army.	Navy.
Brig. General.	Commodore.	1	...	1	17	1	18
Colonel.	Captain.	2	1	14	8	3	22
Lt. Colonel.	Commander.	2	2	15	...	4	15
Major.	Lt. Comman.	50	2	50	3	52	53
Captain and Lieutenant.	Lieutenant & Master. }	150	5	100	8	155	108
Total,		205	16	180	36	215	216

From this table it will be seen that the Medical Corps of the Navy is allowed one officer of a rank equivalent to that of colonel and one of rank equivalent to that of lieutenant colonel to every 12 officers on the active list, while the Medical Corps of the Army is allowed but one of each grade to every one 102 officers, as already shown. That the medical officers of the Navy enjoy greater facilities for retiring with high rank than are accorded to the medical officers of the Army is also obvious from this table.

It will, moreover, be instructive to compare the parsimonious manner in which the Medical Corps of our Army is treated with the comparative liberality of the enlightened government of Great Britain towards the Medical Corps of the English Army.

The following table compares the number of officers of each grade in the English Army, according to the official Army List of February, 1874,* with the number of active officers allowed by law to the Medical Corps of our Army, and the retired list as it now exists.

It will be seen from this table that in the Medical Corps of the English Army there is one officer of the rank of Colonel or upwards to every 33, and one of the rank of Lieutenant Colonel to every 7 officers on the active list. It will also be seen that the rank of major general—a dignity never yet accor-

* Pp. 574-640.

ded to any medical officer in our army—is enjoyed by six active and four retired officers of the English Medical Staff.

RANK.	NUMBER OF OFFICERS IN THE MEDICAL CORPS OF			
	THE ENGLISH ARMY.		THE U. S. ARMY.	
	<i>Active.</i>	<i>Retired.</i>	<i>Active.</i>	<i>Retired.</i>
Major General.....	6	4	none.	none.
Brigadier General.....	5	1	1	—
Colonel.....	17	39	2	1
Lieutenant Colonel.....	132	77	2	2
Major.....	299	113	50	2
Captain and Lieutenant....	478	57	150	5
Total.....	937	291	205	10

Formerly, in the English Army, as in our own, the lieutenants and captains in the Medical Corps were designated as assistant surgeons, although they served in fact as surgeons. This distinction was abolished by the royal warrant of March 1, 1873,* by which medical officers are designated as surgeons from the time they enter the service. It is moreover provided, that after twenty years full pay service from the date of entering the corps, surgeons shall have the rank of lieutenant colonel.

In the English Army the class of officers whom we call medical directors, but upon whom we bestow no additional rank, are known as deputy surgeon generals and surgeon generals. Deputy surgeon generals rank as lieutenant colonels when first appointed, but after five years full-pay service as such receive the rank of colonels. Surgeon generals rank as brigadier generals when first appointed, but after three years full-pay service as such, or if placed on duty with an army in the field, as major generals. The head of the medical corps is designated the director general, and ranks as a major general.

It is thus seen that the Medical Corps of our Army has been less liberally dealt with by law than the other staff corps, or the Medical Corps of the Navy, and that a wiser and more liberal course is pursued by the great nation whose institutions most closely approximate our own. But even if all this were

* Army Medical Department Reports for the year 1871. London, 1873. p 336.

not the case, the fact would nevertheless remain that the rank and pay bestowed upon the medical officers of our army by existing laws do not offer a reasonable share of emolument and consideration for the class of medical men whose services it is desirable to secure.

It would be useless to disguise the fact that in consequence of the inadequate remuneration received, a wide-spread and profound dissatisfaction exists among the medical officers of our army. Since January 1, 1865, forty-eight medical officers, all younger members of the corps, have resigned their commissions to go into private practice, for the simple reason that they could do so much better pecuniarily. This number of resignations is very nearly equal to one-fourth of the whole corps as now authorized by law, and it may be remarked that this is precisely the class of men which the government ought to be able to retain. There are now fifty-six vacancies in the grade of assistant surgeon. Medical boards have been in session in New York and San Francisco since the first of August last for the purpose of examining candidates for appointment to these vacancies, but we are not surprised to learn that a very small number of qualified candidates have as yet presented themselves, and that it is unlikely that a sufficient number of competent persons can be found for some time to come, if at all.

IV.—*Legislation asked for the relief of the Medical Corps.* The Medical Corps now ask, and it is our earnest prayer, that Congress will comply with their request, for such legislation as will secure that its officers shall attain successively the grades of major, lieutenant colonel, and colonel, after a reasonable number of years service, leaving the original appointment as first lieutenant, and the promotion to the grade of captain as it is fixed by law at present. In their opinion, with which we fully concur, it is no more than reasonable that medical officers who have served thirteen years shall have the rank of major; those who have served twenty-three years the rank of lieutenant colonel; and those who have served thirty years the rank of colonel. This would afford to those who are about to enter the corps a secure expectation of reasonable reward for long and faithful service, and would permit those who

have already served long and faithfully to be retired whenever it becomes expedient, without suffering the hardship which would attend their compulsory retirement under existing laws.

The medical corps also points out that the distinction now made by law between assistant surgeon and surgeon does not correspond with the facts as observed in actual service, and ought to be abolished, as has recently been done for the same reason in the English army.

It is a fact that the medical officers of our army from the time they enter the service are employed as post surgeons. They do the duty of surgeons, not of assistant surgeons, and they have a right to the title which represents the facts of the case. This is a matter which would cost the government nothing, and would be very agreeable to the feelings of a worthy body of officers. We would respectfully request that the wishes of the medical corps in this matter be granted, and that hereafter all the regularly appointed medical officers of the army be officially designated as surgeons, taking rank in accordance with their length of service, as provided in the bill, a draft of which is appended.

This bill has been shown to the surgeon general of the Army, who fully approves of it, and expresses the opinion that the relief asked for is required by the best interests of the Medical Corps. If it should become a law it would promote to the grade of colonel ten surgeons, several of whom would undoubtedly then desire to avail themselves of the privilege of the retired list; fifteen surgeons would be promoted to the grade of lieutenant colonel, and seventeen of the present assistant surgeons with the rank of captain would be promoted to the grade of major, which would make fifty-four majors in all. Even if none of the older officers were retired, the total number of medical officers of the rank of major and upwards, counting the surgeon general, the assistant surgeon general, and the medical purveyors, would then be but eighty-four, only three more than the number of medical officers of corresponding rank in the navy; and if, as there is every reason to believe, several of the seniors were retired as soon as promoted, the total number would be less than in the navy.

It cannot then be claimed that the relief asked by the medical corps is extravagant, or that it would bestow a dispro-

portionate share of rank upon that branch of the service;* while on the other hand, besides the fairness of the measure, which would bestow at length the long deserved reward upon many worthy officers who are beginning to despair of the justice of their country, it would, we think, enable the government to fill the vacancies now existing among the assistant surgeons with the *élite* of our young medical men, and enable the corps to be in the future, as it has been in the past, an honor to our profession and to our army.

If, however, from motives of doubtful economy, or from want of knowledge of the value of the class of services which are expected of the medical staff, the increased remuneration now asked for be refused, we very greatly fear that the medical staff will continue from time to time to lose its ablest officers by resignation, and that it will not be possible to secure a sufficient number of competent medical men to fill the vacancies as they occur.

J. M. TONER, M. D.,
Chairman of Committee.

* This may be illustrated by the following table which shows the average number of years from original entry, and from 1st Lieutenant, to the rank of Colonel, Lieut. Colonel, and Major respectively, of the Officers in the several departments of the U. S. Army.

DEPARTMENT OR BRANCH OF SERVICE.	E. COLONL.		LT. COLONEL.		MAJOR.	
	From Original entry.	From 1st Lieutenant.	From Original entry.	From 1st Lieutenant.	From Original entry.	From 1st Lieutenant.
Adjutant General's Dept.	21 ¹⁰ ₁₂	18 ⁵ ₁₂	15 ¹¹ ₁₂	12 ² ₁₂	10 ⁷ ₁₂	6 ² ₁₂
Quar. Mas. Gen'l's "	29 ⁷ ₁₂	26 ² ₁₂	21 ¹² ₁₂	17 ⁶ ₁₂	16 ⁶ ₁₂	12 ⁹ ₁₂
Subsistence "	25 ¹⁰ ₁₂	21 ⁶ ₁₂	18 ¹⁰ ₁₂	16 ¹ ₁₂	12 ¹¹ ₁₂	9 ⁵ ₁₂
Engineers "	33	28 ¹¹ ₁₂	22 ⁹ ₁₂	14 ⁴ ₁₂	10 ⁵ ₁₂	7
Ordnance "	33 ³ ₁₂	28 ⁶ ₁₂	25 ⁹ ₁₂	19 ¹² ₁₂	16 ¹¹ ₁₂	12 ¹ ₁₂
U. S. Cavalry	19 ¹¹ ₁₂	15 ⁹ ₁₂	17 ¹ ₁₂	14 ⁷ ₁₂	11 ⁷ ₁₂	8 ⁵ ₁₂
" Artillery	27 ⁶ ₁₂	23 ⁸ ₁₂	20 ⁴ ₁₂	18 ¹ ₁₂	20 ² ₁₂	16 ⁴ ₁₂
" Infantry	21 ⁹ ₁₂	18	20 ¹¹ ₁₂	16 ³ ₁₂	13 ⁶ ₁₂	9 ¹² ₁₂

This table does not include the volunteer officers appointed in the Army after the close of the late war.

A BILL

TO INCREASE THE EFFICIENCY OF THE MEDICAL DEPARTMENT OF
THE ARMY.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled : That hereafter all the officers of the medical corps of the army now known by law as surgeons and assistant surgeons shall be designated surgeons, and that they shall have rank and promotion in accordance with length of service as follows, viz :

Surgeons of less than five years service shall have the rank, pay and emoluments of first lieutenants of cavalry ; surgeons of more than five and less than thirteen years service, the rank, pay and emoluments of captains of cavalry ; surgeons of more than thirteen and less than twenty-three years service the rank, pay and emoluments of majors ; surgeons of more than twenty-three and less than thirty years service the rank, pay and emoluments of lieutenant colonels, and surgeons of thirty years service and upwards the rank, pay and emoluments of colonels ; *Provided*, That nothing in this act shall be construed to ~~affect the rank of surgeon general, assistant surgeon general, chief medical purveyor, assistant medical purveyors or medical store-keepers as now authorized by law ;~~ or to increase the total number of medical officers now authorized by law.

SECTION 2. That nothing in this act shall be construed to permit the appointment of any person in the medical department until he shall have passed the examination now required by law, and that the second examination now required of all medical officers before promotion to the rank of surgeon shall hereafter be required of all medical officers before promotion to the rank of major.

SECTION 3 That all laws and parts of laws inconsistent with the provisions of this act be and the same are hereby repealed.

APPENDIX.

In illustration of the remarks on page 8, the following extracts, which might be greatly multiplied if necessary, are appended:

Professor RUDOLF VIRCHOW, in an address delivered August 2d, 1874, on the anniversary of the foundation of the Army Medical School at Berlin, says: (*Die Fortschritte der Kriegsheilkunde, August Hirschwald, Berlin, 1874, p. 7.*) "The reason that the French in the Crimea learned little or nothing and the North Americans in their civil war so much—that from that time forward a new era begins in military medicine—did not lie in the greatness of the needs from which the Americans suffered; for they were not more considerable than those which the French experienced in the Crimea. It was far more the critical, really scientific spirit, the common sense, the healthy and practical understanding which in America after a time permeated all circles of Army administration, and which with the wonderful co-operation of an entire people, reached the highest point in humane effort ever attained during a great war.

"Whoever takes in hand and examines the comprehensive publications of the American Army Medical Staff, will continually have his astonishment excited anew by the riches of the experience which is there recorded. The most extreme exactitude of detail, a statistic careful even as to the smallest matters, and a scholarly presentation which embraces all sides of medical experience, are here united in order to collect and transmit to contemporaries and to posterity with the utmost completeness, the knowledge purchased at so dear a price."

Dr. E. GURLT, Professor of Military Surgery in Berlin, speaking of the first part of the Medical and Surgical History of the War of the Rebellion, declares—(*Jahresbericht über die Leistungen und Fortschritte in der Gesamten Medicin, 1874, Jahrgang, VIII, B. II, S. 372,*)—that the "rich contents of the volumes" includes not only a review of the diseases and injuries of the Union, and partially of the Confederate armies, "but a most careful consideration of the literature of all times and nations, making the publication one of the most valuable that has appeared on the surgery of war," and, after many pages of careful analytical discussion of the work, this eminent authority remarks that "this excellent report has not its equal, and marks a new era in war surgery."

The testimony of the French military medical officers is of the same tenor. M. MICHEL LÉVY, the senior medical inspector of the French army, writes to General Barnes, that "governments as well as science may greatly profit by your important labors, inspired as they are by the largest experience of war that has ever been acquired." Professor SÉDILLOT, of Strasbourg, observes: "Surgeons everywhere

are proud of the marvels which you have accomplished in science and in self-devotedness, and your conduct will remain a model for imitation among the many other lofty examples which have excited our admiration and increased our sympathy for your national character, your patriotism, and your noble destiny." Baron H. LARREY, in presenting to the Institute, the Academy of Medicine of Paris, and the Society of Surgery, the publication of the Surgeon General's office, used expressions of commendation that may be found in the published bulletins of those learned bodies. M. LEGUEST, the Professor of Military Surgery in Paris, was instructed by his government to report on the publications of the American Army Medical Department with M. LÉVY. "I need not tell you," he wrote to the Surgeon General, "that we bestowed on them the eulogies they deserve."

Equally favorable opinions have been expressed in England. Dr. WILLIAM MACCORMAC, in an "*Address to the Students of St. Thomas' Hospital*," London, October 1st, 1874, page 22, says: "No European nation probably, can point to such a monument of industry, so great a mass of invaluable material, carefully preserved and digested, as are the Records of the United States Army Medical Department. It is an undertaking simply gigantic, and reflects equal credit on the Government that originated and the medical men who so ably carried it out. Such records prove of the utmost service, not merely to military, but also to civil surgery. There is, indeed, no essential distinction between the two, except that the military surgeon must be prepared to bring all his resources to bear at a moment's notice, to exert them to the uttermost, and often in respect to very large numbers of men."

To these expressions of opinion by distinguished foreign authorities, the following extracts from American Medical Journals may be added:

From the "MEDICAL RECORD," New York, April 15, 1874, p. 181: "*The Medical and Surgical History of the War of the Rebellion*.—These two splendid volumes are before us. They comprise the first parts of the Medical and Surgical History of the late war, respectively, and we need not say that, while they have been anxiously looked for, they are most cordially welcomed by the profession. It has been thought better to announce the introductory volumes of this great national work in an editorial, rather than under the form of a review or bibliographical notice.

"Being magazines of facts, statistics, and deductions, and in truth reviews and compilations of the writings, reports, statements, and data of a multitude of independent observers, it appears more appropriate to make such observations as we have to offer, under this form, rather than in the ordinary way of review or notice." * * * "We think a vote of thanks should be passed to Congress for what it has done, and that measures should be adopted to express, in some tangible and emphatic manner, the sense which the profession of medicine entertains for the invaluable services of the learned and accomplished compilers and editors of this great work." * * * "We hope finally that these volumes, so honorable to the profession throughout the country and to the Medical Bureau of the United States Army, will have their legitimate influence upon statesmen, legislators and professed politicians and cause them to recognize the claims which legitimate and catholic scientific medicine has upon just and equitable legislation."

From the NEW YORK MEDICAL JOURNAL, July, 1873, p. 79, * * * "At a later period appear the first two parts of the medical and surgical history of the great struggle.

"It has been foreshadowed from time to time by brochures, circulars, and

more especially by the splendid catalogue of the Army Medical Museum, until the interest and anxiety of the profession, and the literary and scientific public, became wrought up to the highest pitch. The volumes before us are cordially welcomed, and the expectation with which they were awaited, so far from being disappointed by an examination of the work accomplished, and the promises implied in its completion, is elevated into a sentiment of admiration, almost astonishment." * * *

"This work is more than a contribution to science—it is a contribution to humanity. It illustrates the true character of the medical profession, and it brings science and humanity closer together. It is a powerful argument against war; and a work of instruction and experience to provide against the calamities of war. It demonstrates the value of scientific medicine to the welfare of states and nations, and proves that the apparently most hopeless calamities are oftentimes susceptible of relief.

"It is an honor to national literature and a credit to national character. It is something to be more proud of than any mechanical invention, inasmuch as it surpasses in spirit and intention any of the forces of nature." * * * *

From the "PHILADELPHIA MEDICAL TIMES," December 20, 1873, p. 185.
* * * "We have neither space nor desire to re-echo the plaudits which the world has long offered to our Medical Department since its work has been known. Simply let us say that its achievements exceed anything of the sort the world over: and let us in justice add that these achievements had their inspiration, their source, in the staff of the regular army.

"Again, as is well known, the effective strength of an army, the measure of its real power, is often very different from its numerical strength on paper. In keeping men out of the hospital the medical corps ought to be of more service to the government than in treating the soldier in the hospital. The American soldier probably costs more to get into the field than the soldier of any other nation, and it is therefore doubly imperative upon the government to take care of him. It cannot afford to neglect him. Disease is an infinitely more dangerous foe than the cannon ball and the rifle bullet, but one that can be to a greater extent guarded against. Any person in the habit of reading the English medical papers will see how this is recognized abroad. Week after week the editorial columns are filled with discussions of the proper methods of meeting the medical difficulties of the Ashantee war, soldiers and civilians consulting together concerning what is said to be "a doctors' and an engineers' war." It is evident that the preventive treatment of disease in the army involves manifold questions entirely unconnected with civil life; that army hygiene is distinct from civil hygiene; that it is an imperative necessity to maintain a large body of highly educated, able men who shall devote themselves to the study of the various military medical problems with the steady energy that a man puts into his life-work.

"The maintenance of the medical corps of the regular army in the highest possible efficiency is therefore but the dictate of common sense." * * *

From the "MEDICAL RECORD," New York, January 1, 1874, p. 13: *
* * "If there be any doubt as to what is required of the surgeon, and what he may perform, we have but to refer to the history of the army medical staff during the late rebellion. The history proved that the medical men who took part in this struggle were equal to every emergency upon the field or in the hospital; that in the organization and management of the latter they displayed a tact and ability which rose to the level of genius, and earned for themselves the reputation of the highest authorities in military hygiene and military surgery throughout the civilized world.

"Chassaignac only a few years ago said to a distinguished American surgeon: 'You have just reason to be proud of your country; America at this mo-

ment wields the surgical sceptre of the world.' If justice be done to the army surgeon, if the records of the war prove; anything, we must admit that the army surgeons have contributed to this enviable reputation as much, if not proportionately more, than any other class of scientific medical men." * * * "In the higher branches of medical as well as surgical research, the army surgeon has contributed his share. Not only has disease been studied in the generally accepted way, but all the refinements of microscopy have been brought to bear upon such investigations, and original observations of the greatest possible utility to science at large have been made by a more extended application of this instrument. In this connection we refer to that wonderful treasury of experience, the Medical and Surgical History of the Rebellion, which of itself is an everlasting monument of the industry and skill of the army surgeon, and which as a specially valuable contribution to our science, is unequalled anywhere. The Army Medical Museum, the work also of the medical corps, is of itself one of the most magnificent and valuable collections of specimens ever before brought together." * * * *

From the "MEDICAL RECORD," New York, March, 2d, 1874, p. 125. * *

"There are two corps in the army which can do good service to the government and the country in time of peace in work not directly connected with the army; we refer to the corps of Engineers and Surgeons. Of the special services of the latter, in this respect, we are best prepared to speak. The surest promise of what can be done, is the fact of what has been done by army surgeons, even while attending to their required duties. In this connection we need not go beyond a reference to the contributions of the valuable specimens to the Army Medical Museum, which represent an aggregate of gratuitous work on the part of the army medical officers as unprecedented in amount as it is invaluable in scientific interest. But this is not an isolated instance of what can be done by competent men, and if such can be accomplished as incidental to their legitimate duties, what may we not expect from the same class of men when they have the requisites of encouragement, and fuller opportunities to cultivate the special talent which they may possess.

"We have individual examples of what can be accomplished when suitable and special details are made for scientific work. The brilliant results growing out of the study of the microscope and the demonstration of the utility of micro-photography as a means of truthfully disseminating accurate scientific data have, in connection with the work in the army museum, accomplished wonders for American medicine. The masterly compilation of the Medical and Surgical History of the War is another proof of the wisdom of utilizing the medical staff; and the library of the Surgeon General's office, destined to be the national medical library, is still another instance of what may be done in another direction by a talented and indefatigable army officer. The gentlemen who have performed these labors belong to a class of men of whom the American medical profession are especially proud, and who in their respective spheres are capable of conferring a lasting benefit upon our science everywhere. There are many others who could work in other special fields with equal credit to themselves, with equal benefit to medicine, and with equal profit to the government." * * * "Not only should the government retain such men in service, but should give them every encouragement. If it fails to do so it shoulders the heavy responsibility of denying to scientific medicine the opportunity of working up the vast stores of material now in its possession, of systematizing accumulated experience, and of obtaining and distributing information of incalculable benefit to suffering humanity. The good which will obtain from such labors will be only proportionate to the enormous scale on which they can be carried on. The profession, it is true, can alone form an estimate of the ultimate results of such work, and can alone judge of its necessity, but it cannot in justice to its own interests be content in merely hoping for the best. The time has come when its influence must be exerted in the proper direction to secure the desired end. Unless there be

some better reason than the saving of a few dollars and cents, or the actual reduction of the number of our military posts, the medical force should not only remain as it is, but every effort should be made and every influence exerted with the different members of Congress to increase the efficiency of the staff. In no better way could the latter be accomplished than by favoring the Army Rank bill, founded on the memorial of the American Medical Association." * * * *

From the "MEDICAL RECORD," New York, March 16th, 1874, p. 149. * * *

"It is no doubt possible that the government might get physicians for one hundred dollars a month, and it is certain that it could not get some of our physicians for six times that amount. Practising in one locality, with a home, friends, and conveniences of civilization, is a very different thing from the life of a medical officer who must break up his little establishment about once in two years on the average, selling what he can, and giving or throwing away the rest, to obey an order to report at some distant post, perhaps to meet an epidemic, to be separated from his family, or to take what is technically termed "the risks of war,"—the risks with none of the honors. The question resolves itself into one of demand and supply, and we are willing to view it from such a standpoint. The value of services can only be measured by the amount of compensation they can command in open market. A physician in civil practice, after his first five years can generally command a living income for himself and family, which income steadily increases with his reputation, until, at the end of twenty years it will average five or six thousand per annum. We make this average low purposely, to make it apply to physicians all over the country, and for the reason that we wish to be understood as speaking entirely within bounds when we assert that such is an ordinary success for a skilled practitioner anywhere. In this estimate we leave out of consideration the incomes of some of our leading metropolitan practitioners of twenty years practice, whose earnings vary from ten to twenty thousand per annum.

Let us contrast these amounts with the pay of the army surgeon, who must be acknowledged to represent a high type of professional intelligence and ability :

Pay on entering service, and for three years after, per annum,	-	\$ 1,600
Pay after three years, and up to an average of fifteen years service,	-	2,000
Pay after fifteen years' (rank of major)	- - -	2,500

In addition to the above, ten per cent. is allowed for each five years of service. When disabled by age or disease, these gentlemen can be retired on three-quarters of the above rates." * * * *

From the "RICHMOND AND LOUISVILLE MEDICAL JOURNAL" July, 1874, p. 130: "*Great Injustice to the Medical Department of the Army.*—By the law just passed by Congress, the Staff Corps, or Medical Department of the Army, is much reduced. It reduces the medical purveyors from four to two, and the surgeons from sixty to fifty, and leaves the assistant surgeons at one hundred and fifty; as it has been for years.

"Two vacancies will have to occur among the surgeons, either by death or resignation, before Drs. Woodward, Otis, or any other assistant surgeon can be promoted to the rank of surgeon. This will probably require from four to six years. The great injustice of the law in this regard will be apparent, when the profession reflects that Drs. Woodward and Otis are not surgeons, but simply assistant surgeons; and yet they have, from the time they entered the army, been acting and doing the duties of surgeons, and since the close of the war no medical men in the country have been doing more important work, or doing it better than they. Hereafter, it will require young men entering the army as assistant surgeons to serve from eighteen to twenty years before they can hope to be promoted to the rank of surgeon. The question of economy so controlled the action of Congress as to make them cruel, if not unjust, to this deserving branch of the army.

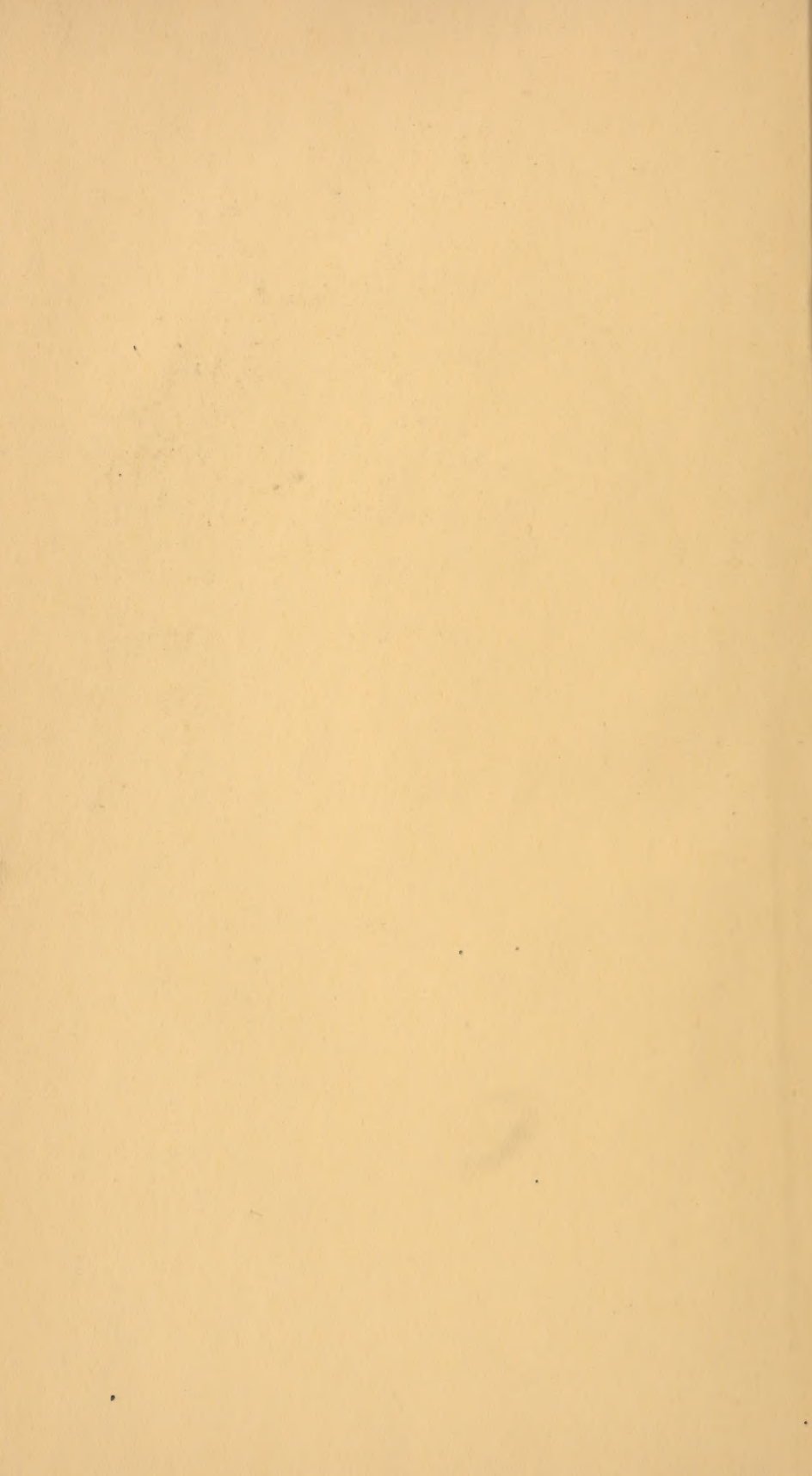
"Every member of the medical profession feels a painful disappointment; and each one should continue to exert himself with influential persons (and particularly with members of Congress) in demanding future legislation which will give the medical staff rank and pay commensurate with the other staff corps in the army and navy.

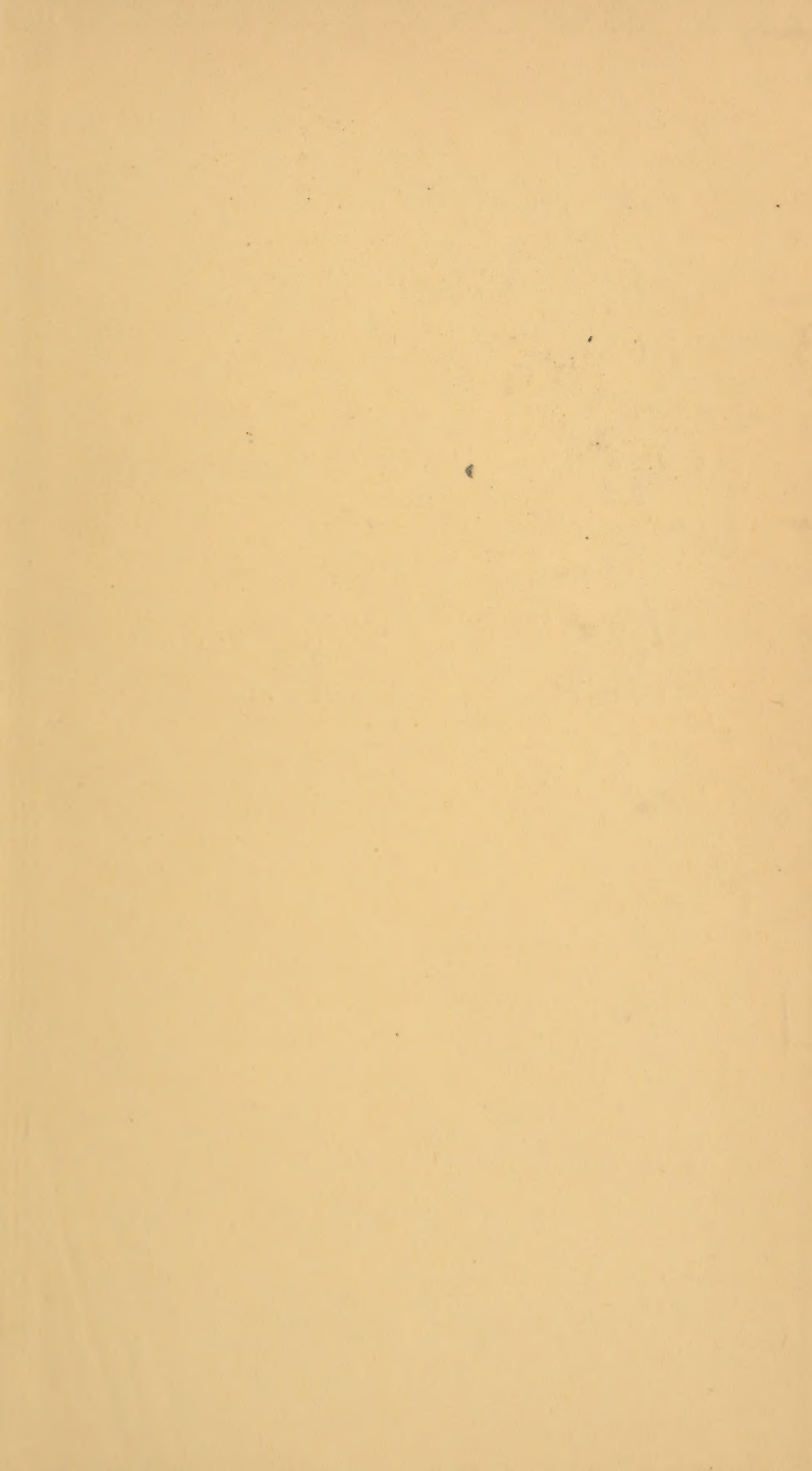
"The Medical Department of the Army represents a body of cultivated gentlemen, and very generally accomplished physicians. This body is an ornament to the government of this country, and it is entitled to the highest consideration. It asks the barest justice, and it should have this promptly and fully."

From the "MEDICAL JOURNAL OF INDIANA," of August, 1874, p. 178, Speaking of the legislation of June 23, 1874, this Journal says: * * * "They cut down the number of surgeons in the army from about sixty to fifty, thereby lessening and almost abolishing the dream of promotion from assistant to the rank of surgeon. When such men as Drs. Woodward and Otis—names well known in the profession both of this country and of Europe—are still for an indefinite period to be left as assistant surgeons, we can have some idea of the appreciation the medical men of worth and energy are held in." * * *

"The profession must continue to work, hoping they may meet with men of more liberal sentiment and sounder views in the next Congress."

From the "NEW ORLEANS MEDICAL AND SURGICAL JOURNAL" of November, 1874, p. 467. "We most earnestly invite the attention of our readers to the following copy of a petition which is designed to be presented to Congress during its next assembly. * * * * This is a move to procure laudable legislative action for the relief of a large and useful section of the medical profession * * * * We should work with more zeal and greater unanimity, that we may secure justice to every member of a profession whose great ends are works of beneficence, and whose brotherhood should be unbroken either in peace or war. This petition does not originate with any medical officers, but is gotten up under the auspices of the AMERICAN MEDICAL ASSOCIATION."





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